MED - Utilization Control Desk Review for Critical Access Hospitals

Purpose: To ensure that Federal requirements defined in Code of Federal Regulations (CFR) part 485, subpart F, sections 485.635 through 485.641 are in place for Iowa Critical Access Hospitals (CAH).

Identification of Roles:

Program Specialist - Coordinate correspondence and scheduling of baseline and triennial review, work with the senior director to complete the desk review, collect and prepare data for reports to the critical access hospitals (CAH). Ensure copies of all letters and completed tools are saved for the Department of Human Services (DHS) Policy staff review.

Senior Director - Provide assistance to program specialist in review processes, analyze evaluation data, and make recommendations to DHS policy staff regarding CAH policies.

Project Assistant-Batch and import information received on compact disks into OnBase.

Performance Standards:

N/A

Path of Business Procedure:

Step 1: Oversee the processes that are in place for all Iowa CAHs. Desk reviews of all Iowa CAH's utilization control processes will meet this requirement.

a. The standard used for review is the CAH specific utilization control standards in 42 CFR 485.635-485.641.

Step 2: Using tools developed from the Federal requirements, the program specialist and/or senior director will review submitted documentation from each Iowa CAH.

a. Each Iowa CAH will be reviewed on a triennial(every three year) basis.

Step 3: The program specialist will send a letter to the utilization review department of each Iowa CAH outlining the process for the review, the documentation submission deadline, and a list of the documentats required. Only information that is necessary to complete the desk review will be requested.

Step 4: The program specialist will mail a second letter to the utilization review department for each Iowa CAH that has not submitted information within 30 calendar days of the initial letter.

Step 5: Documentation received from the CAH at the front desk, fax, mail, or email will be electronically scanned and sent to the project specialist upon arrival in OnBase.

a. Compact disks received will be sent to the project assistant for batching and import into OnBase.

Step 6: When documentation is received, the program specialist will data enter the date documentation has been received in the Hospital Review Database located at Med Srv:\HospitalReview\Database\CAH\485CAH.mdb.

Step 7: Desk review will be completed within 25 business days following receipt of submitted documentation.

Step 8: The program specialist, along with the senior director, will review the documentation received from each CAH. The review findings that define whether the appropriate documentation has been included will be recorded in the critical access hospital database. The scoring matrix for the review findings are:

1. Fully Met – 2
2. Partially Met – 1
3. Not Met – 0
4. Not Applicable – N/A

a. Inter-rater reliability will be performed at the beginning of the triennial review process to ensure consistency between review outcomes. The agreement rate will be maintained at 95 percent or greater.
b. Any deficient components that require corrective action will be discussed with the senior director and/or policy staff prior to notifying CAH of the deficiency(ies).

Step 9: A cover letter with review results, as well as a completed tool will be sent to each CAH reviewed.

a. This letter will be sent to each CAH within three business days following review completion.

Step 10: Review results may be re-reviewed by the program specialist or senior director if requested by the facility.

a. If the category in question is found to be present, an updated review tool will be sent to the facility.
b. If the category is still lacking, the facility may request further review in writing from policy staff.

Forms/Reports:

Initial Review Letter to CAH

<date>

<facility>
Utilization Review Department
<facility address>
<facility city, state, zip>

Dear Provider:

All Iowa Critical Access Hospitals (CAHs) are required to participate in Iowa Medicaid Enterprise (IME) review of their utilization control activities. Federal regulations require oversight by the state of any utilization process run by providers (42 CFR 485 Subpart F, Sections 635-641). Therefore, the IME Medical Services Unit is contracted to review the processes in place for all Iowa CAHs. Offsite desk reviews of all Iowa CAH utilization control processes will meet this requirement.

A comprehensive baseline desk review was completed for each CAH in the state of Iowa during 2009. The triennial review process was initiated in 2011 for all Iowa CAHs. A team from the IME Medical Services unit will complete a desk review of submitted documentation verifying the completeness of existing CAH utilization control processes utilizing a worksheet developed from the Federal Regulations. The team will consist of utilization review coordinators, program specialists, and the Medicaid Medical Director.

A list of the specific areas for which documentation is required is included with this correspondence (Attachment 1).

Documentation Requirements: In an effort to save state dollars, the IME utilizes a paper-free workplace, therefore, all correspondence received to our facility is scanned. All documentation submitted to IME **MUST** adhere to the following guidelines:

- No staples, No paperclips, No binders.
- No Post It notes/tabs outside of 8.5 x 11 page border.
- Highlight ONLY in bright yellow, if necessary.

All documentation must be submitted **within 30 days from the date of this letter**, by mail or fax to:

Iowa Medicaid Enterprise
Medical Services - Hospital Utilization Review Team
PO Box 36478
Des Moines, IA 50315
FAX: (515) 725-1355

For questions related to the desk review process, please contact the Medical Services Unit at 1-800-383-1173, extension 3053, or locally at 515-974-3053.

42 CFR 456.500(a)(b)(c) and 456.501(a)(b) prescribes conditions for the availability of FFP as it relates to UR plans.

Attachment to Initial and Second Request Review Letters to CAH Documentation Requirements

Critical Access Hospitals - 42 CFR 485 Subpart F, Sections 635-641 Attachment 1

Documentation required for the desk review will include policies and procedures for each of the following areas:

Section:	
	▪ Patient care policies:
635(a)2	· Polices are developed with the advice of a group of professional personnel that includes one or more doctors, nurse practitioners, clinical nurse specialists, and at least one member that is not a member of the CAH staff
635(a)3(iii)	· Guidelines for the medical management of health problems that include the conditions requiring medical consultation and/or patient referral, the maintenance of health care records, and procedures for the periodic review and evaluation of the services furnished by the CAH.
635(a)4	· These policies are reviewed at least annually by the group of professional personnel required under paragraph (a)(2) of this section, and reviewed as necessary by the CAH.
635(b)1	· These direct services include medical history, physical examination, specimen collection, assessment of health status, and treatment for a variety of medical conditions.
635(d)4	· A nursing care plan must be developed and kept current for each inpatient.
	▪ Clinical Records - The CAH maintains a record that includes, as applicable --
638(a)4(i)	· Identification and social data, evidence of properly executed informed consent forms, pertinent medical history, assessment of the health status and health care needs of the patient, and a brief summary of the episode, disposition, and instructions to the patient;
	▪ Periodic evaluation
641(a)(1)	· The CAH carries out or arranges for a periodic evaluation of its total program. The evaluation is done at least once a year and includes review of --
641(a)(1)(i)	· The utilization of CAH services, including at least the number of patients served and the volume of services;
641(a)(1)(ii)	· A representative sample of both active and closed clinical records; and
641(a)(1)(iii)	· The CAH's health care policies.
641(a)(2)	· The purpose of the evaluation is to determine whether the utilization of services was appropriate, the established policies were followed, and any changes are needed.
	▪ Quality Assurance
641(a)(2)(b)	· The CAH has an effective quality assurance program to evaluate the quality and appropriateness of the diagnosis and treatment furnished in the CAH and of the treatment outcome.

Second Request Review Letter to CAH

<date> **SECOND REQUEST**

<facility>
Utilization Review Department
<facility address>
<facility city, state, zip>

Dear Provider:

All Iowa Critical Access Hospitals (CAHs) are required to participate in Iowa Medicaid Enterprise (IME) review of their utilization control activities. Federal regulations require oversight by the state of any utilization process run by providers (42 CFR 485 Subpart F, Sections 635-641). Therefore, the IME Medical Services Unit is contracted to review the processes in place for all Iowa CAHs. Offsite desk reviews of all Iowa CAH utilization control processes will meet this requirement.

A comprehensive baseline desk review was completed for each CAH in the state of Iowa during 2009. The triennial review process is beginning in 2011 for all Iowa CAHs. A team from the IME Medical Services unit will complete a desk review of submitted documentation verifying the completeness of existing CAH utilization control processes utilizing a worksheet developed from the Federal Regulations. The team will consist of utilization review coordinators, program specialists, and the Medicaid Medical Director.

A list of the specific areas for which documentation is required is included with this correspondence (Attachment 1).

Documentation Requirements: In an effort to save state dollars, the IME utilizes a paper-free workplace, therefore, all correspondence received to our facility is scanned. All documentation submitted to IME **MUST** adhere to the following guidelines:

- No staples, No paperclips, No binders.
- No Post It notes/tabs outside of 8.5 x 11 page border.
- Highlight ONLY in bright yellow, if necessary.

All documentation was be submitted by (DATE). As of this date, we have not received documentation from your facility. Please submit documentation **within 15 days from the date of this letter**, by mail or fax to:

Iowa Medicaid Enterprise
Medical Services - Hospital Utilization Review Team
PO Box 36478
Des Moines, IA 50315
FAX: (515) 725-1355

For questions related to the desk review process, please contact the Medical Services Unit at 1-800-383-1173, extension 3053, or locally at 515-974-3053.

42 CFR 456.500(a)(b)(c) and 456.501(a)(b) prescribes conditions for the availability of FFP as it relates to UR plans.

Review Findings Letter

<<Date>>

«FacName»
Utilization Review
«Address»
«City», «State» «Zip»

Dear CAH Provider:

Iowa Medicaid Enterprise (IME) Medical Services staff completed a Utilization Control Desk Review for your facility utilizing documentation that you submitted in accordance with CFR part 485, subpart F, sections 485.635-.641.

Summarized results of this desk review are displayed below. The tool that was utilized during this review is also attached which includes the overall results and comments for each category.

Part A-Patient Care Policies:	Subtotal Score: «AST»	Possible Score:«ATP»
Part B-Clinical Records:	Subtotal Score: «BST»	Possible Score:«BTP»
Part C-Periodic Evaluation:	Subtotal Score: «CST»	Possible Score:«CTP»
Part D-Quality Assurance:	Subtotal Score: «DST»	Possible Score:«DTP»
Overall Score:	Overall Score:«TotalScore»	Possible Score:«OTP»

Please review the attached tool for specific comments. Comments regarding documentation requiring attention prior to the next review will be contained in this area. Your facility will be notified of the upcoming triennial review when it is scheduled.

Thank you for your assistance in submitting documentation for this review. You may contact the Medical Services Hospital Utilization Review Team at 1-800-383-1173, or locally at (515) 974-3053, with any questions.

Iowa Medicaid Enterprise
Medical Services Unit
Hospital Utilization Review Team

Review Findings Tool

Critical Access Hospitals

Purpose: Evaluation of Critical Access Hospital utilization control program
Reference: 42 CFR 485 Subpart F: Condition of participation: Critical Access Hospital (CAH)
Source: Critical Access Hospital Utilization Review Plan, Utilization Review Policies and Procedures, Utilization Review Committee Meeting Minutes, Medical Care Evaluation Studies

ProvID: «FacID» Desk Review Date «ReviewDate»

Name: «FacName»

Address: «Address»

City «City» ZIP: «Zip»

A. Patient Care Policies		
Component		Outcome
1)	Polices are developed with the advice of a group of professional personnel that includes one or more doctors, nurse practitioners, clinical nurse specialists, and at least one member is not a member of the CAH staff. *42 CFR 485.635(a)(2)*	«A1»
2)	Guidelines for the medical management of health problems that include the conditions requiring medical consultation and/or patient referral, the maintenance of health care records, and procedures for the periodic review and evaluation of the services furnished by the CAH. *42 CFR 635(a)3(iii)*	«A2»
3)	These policies are reviewed at least annually by the group of professional personnel required under paragraph (a)(2) of this section, and reviewed as necessary by the CAH. *42 CFR 635(a)4*	«A3»
4)	These direct services include medical history, physical examination, specimen collection, assessment of health status, and treatment for a variety of medical conditions. *42 CFR 635(b)4(b)*	«A4»
5)	A nursing care plan must be developed and kept current for each inpatient. *42 CFR 635(d)4*	«A5»
	Section A Subtotal (10 possible)	**«AST»**
B. Clinical Records		
Component		Outcome
1)	(4) For each patient receiving health care services, the CAH maintains a record that includes, as applicable-- *42 CFR 485.638(a)4(i)*	
	a. Identification and social data,	«B1a»
	b. evidence of properly executed informed consent forms,	«B1b»
	c. pertinent medical history,	«B1c»
	d. assessment of the health status and health care needs of the patient, and	«B1d»
	e. a brief summary of the episode, disposition, and instructions to the patient.	«B1e»
	Section B Subtotal (10 possible)	**«BST»**

Outcome: Fully Met - 2; Partially Met - 1; Not Met - 0; N/A - not applicable - 1 -

C. Periodic Evaluation		
Component		Outcome
1)	The CAH carries out or arranges for a periodic evaluation of its total program. The evaluation is done at least once a year and includes review of -- *42CFR 485.641(a)(1)*	«C1»
	a. The utilization of CAH services, including at least the number of patients served and the volume of services; *42 CFR 485.641(a)(1)(i)*	«C1a»
	b. A representative sample of both active and closed clinical records; and *42 CFR 485.641(a)(1)(ii)*	«C1b»
	c. The CAH's health care policies. *42 CFR 485.641(a)(1)(iii)*	«C1c»
2)	The purpose of the evaluation is to determine whether the utilization of services was appropriate, the established policies were followed, and any changes are needed. *42 CFR 485.641(a)(2)*	«C2»
	Section C Subtotal (10 possible)	**«CST»**
D. Quality Assurance		
Component		Outcome
1)	The CAH has an effective quality assurance program to evaluate the quality and appropriateness of the diagnosis and treatment furnished in the CAH and of the treatment outcome. *42 CFR 485.641(a)(2)(b)*	«D1»
	Section D Subtotal (2 possible)	**«DST»**

Subtotal Section A	Subtotal Section B	Subtotal Section C	Subtotal Section D
«AST» / 10	«BST» / 10	«CST» / 10	«DST» / 2
Overall Total: «TotalScore» / 32			
Overall Comments: «Comments»			
Corrective Action: «CAP Comments»			

Facility ID: «FacID»
Outcome: Fully Met - 2; Partially Met - 1; Not Met - 0; n/a - not applicable - 2 -

RFP Reference:
N/A

Interfaces:
N/A

Attachments:
N/A

MED - Utilization Control Desk Review for Acute Hospitals

Purpose: To ensure that Federal requirements defined in CFR 42, Part 456, Subpart C is in place for Iowa Acute Hospitals.

Identification of Roles:

Program Specialist – Coordinate correspondence and scheduling of baseline and triennial review, work with the senior director to complete the desk review, collect and prepare data for reports to the acute hospital. Ensure copies of all letters and completed tools are saved for DHS Policy Staff review.

Senior Director – Provide assistance to program specialist in review processes, analyze evaluation data, and make recommendations to DHS policy staff regarding acute hospital policies.

Project Assistant-Batch and import information received on compact disks into OnBase.

Performance Standards:

N/A

Path of Business Procedure: Oversee the processes in place for all Iowa acute hospitals. Desk reviews of all Iowa acute hospital's utilization control processes will meet this requirement. The standard used for review is the acute hospital-specific utilization control standards in 42 CFR Part 456, Subpart C.

Step 1: Using tools developed from the federal requirements, the program specialist and/or senior director will review submitted documentation from each Iowa acute hospital.

a. Each Iowa acute hospital will be reviewed on a triennial (every three year) basis.

Step 2: The program specialist will send a letter to the utilization review department of each Iowa acute hospital outlining the review process for the review, the documentation submission deadline, and a list of the documentation required. Only information that is necessary to complete the desk review will be requested.

Step 3: The program specialist will mail a second letter to the utilization review department for each Iowa acute hospital that has not submitted information within 30 calendar days of the initial letter.

Step 4: Documentation received from the acute hospital at the front desk (courier), fax, email, or mail will be electronically scanned and forwarded to the project specialist upon arrival in OnBase.

a. Compact disks received will be forwarded to the project assistant for batching and imported into OnBase.

Step 5: When documentation is received the program specialist will data enter the date documentation has been received in the Hospital Review Database located at Med Srv:\HospitalReview\Database\AcuteHospitals\456Hosp.mdb.

a. Desk review will be completed within 25 business days following receipt of submitted documentation.

Step 6: The program specialist, along with the senior director, will review the documentation received from each acute hospital.

Step 7: The review findings that define whether the appropriate documentation has been included will be recorded in the Hospital Review Database. The scoring matrix for the review finding are:

a. Fully Met – 2
b. Partially Met – 1
c. Not Met – 0
d. Not Applicable – N/A
    1. Inter-rater reliability will be performed at the beginning of the triennial review process to ensure consistency between review outcomes. The agreement rate will be maintained at 95 percent or higher.
    2. Any deficient components that require corrective action will be discussed with the senior director and/or policy staff prior to notifying the acute hospital of the deficiency (ies).

Step 8: A cover letter with review results, as well as a completed tool will be sent to each acute hospital reviewed. This letter will be sent to each acute hospital within three business days following review completion.

Step 9: Following completion of all acute hospital review, a report will be submitted to DHS with statewide total results.

Step 10: Review results may be re-reviewed by the program specialist or senior director if requested by the facility.

a. If the category in question is found to be present, an updated review tool will be sent to the facility.
b. If the category is still lacking, the facility may request further review in writing from policy staff.

Forms/Reports:

Initial Review Letter to Acute Hospital

<date>

<facility>
Utilization Review Department
<facility address>
<facility city, state, zip>

Dear Provider:

All Iowa acute hospitals are required to participate in Iowa Medicaid Enterprise (IME) review of their utilization control activities. Federal regulations require oversight by the state of any utilization process run by providers (CFR 42, Part 456, Subpart C). Therefore, the IME Medical Services Unit is contracted to review the processes in place for all Iowa acute hospitals. Offsite desk reviews of all Iowa acute hospitals' utilization control processes will meet this requirement.

A comprehensive baseline desk review was completed for each acute hospital in the state of Iowa during 2009. The triennial review process was initiated in 2012 for all Iowa acute hospitals. A team from the IME Medical Services unit will complete a desk review of submitted documentation verifying the completeness of existing hospital utilization control processes utilizing a worksheet developed from the Federal Regulations. The team will consist of utilization review coordinators, program specialists, and the Medicaid Medical Director.

A list of the specific areas for which documentation is required is included with this correspondence (Attachment 1).

Documentation Requirements: In an effort to save state dollars, the IME utilizes a paper-free workplace, therefore, all correspondence received to our facility is scanned. All documentation submitted to IME **MUST** adhere to the following guidelines:

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- Highlight ONLY in bright yellow, if necessary.

All documentation must be submitted **within 30 days from the date of this letter**, by mail or fax to:

Iowa Medicaid Enterprise
Medical Services - Hospital Utilization Review Team
PO Box 36478
Des Moines, IA 50315
FAX: (515) 725-1355

For questions related to the desk review process, please contact the Medical Services Unit at 1-800-383-1173, extension 3053, or locally at 515-974-3053.

42 CFR 456.500(a)(b)(c) and 456.501(a)(b) prescribes conditions for the availability of FFP as it relates to UR plans.

Attachment to Initial and Second Request Review Letters to Acute Hospitals Documentation Requirements

Acute Hospitals - 42 CFR 456 Attachment 1

Documentation required for the desk review will include policies and procedures for each of the following areas:

- Certification of need for care

456.60(a) · Physician or physician assistant (PA) order at time of admission

456.60(b) · Physician or PA recertification at least every 60 days

- Plan of care (please include template utilized for the inpatient plan of care)

456.80(a)(b)(1) · Diagnoses, symptoms, complaints, and complications indicating need for admission.

456.80(a)(b)(2) · Functional level of care

456.80(a)(b)(3)(i) · Medications

456.80(a)(b)(3)(ii) · Treatments

456.80(a)(b)(3)(iii) · Restorative and rehabilitative services

456.80(a)(b)(3)(iv) · Activities

456.80(a)(b)(3)(v) · Social services

456.80(a)(b)(3)(vi) · Diet

456.80(a)(b)(4) · Continuing care plans

456.80(a)(b)(c)(d)(e) · Discharge plans

- Utilization review plan

· Administrative requirements

456.105; 456.106; 456.112(a)(b) - UR committee – organization, composition, functions, meeting frequency, minutes, reporting responsibilities

· Informational requirements

456.111 - Medical record requirements

456.113 - Confidentiality policies and procedures

456.101, 456.121-127 · Admission review

456.101, 456.121 - Evaluation criteria for admission

456.123(a) - Admission review process

456.124(a)-(e) - Notice of adverse decision process

456.125 - Time limits for admission review

· Continued stay review

456.128(b)(1) - Evaluation criteria for continued stay

456.128 - Continued stay review process

456.136(a)-(e) - Notice of adverse decision process

456.128(c)(3) - Time limits for continued stay

· Medical care evaluation studies

456.142(a)(b)(1) - Methodology for selection

456.144 - Data used to perform studies

456.143(a)(b) - Analysis of patterns of care (admissions, durations of stay, ancillary services, professional services)

456.142(b)(3) - Analysis of findings

456.142(b)(4) - Plans for corrective action

456.145 - Number of studies required

Second Request Review Letter to Acute Hospital

<date> **SECOND REQUEST**

<facility>
Utilization Review Department
<facility address>
<facility city, state, zip>

Dear Provider:

All Iowa acute hospitals are required to participate in Iowa Medicaid Enterprise (IME) review of their utilization control activities. Federal regulations require oversight by the state of any utilization process run by providers (CFR 42, Part 456, Subpart C). Therefore, the IME Medical Services Unit is contracted to review the processes in place for all Iowa acute hospitals. Offsite desk reviews of all Iowa acute hospitals' utilization control processes will meet this requirement.

A comprehensive baseline desk review was completed for each acute hospital in the state of Iowa during 2009. The triennial review process was initiated in 2012 for all Iowa acute hospitals. A team from the IME Medical Services unit will complete a desk review of submitted documentation verifying the completeness of existing hospital utilization control processes utilizing a worksheet developed from the Federal Regulations. The team will consist of utilization review coordinators, program specialists, and the Medicaid Medical Director.

A list of the specific areas for which documentation is required is included with this correspondence (Attachment 1).

Documentation Requirements: In an effort to save state dollars, the IME utilizes a paper-free workplace, therefore, all correspondence received to our facility is scanned. All documentation submitted to IME **MUST** adhere to the following guidelines:

- No staples, No paperclips, No binders.
- No Post It notes/tabs outside of 8.5 x 11 page border.
- Highlight ONLY in bright yellow, if necessary.

All documentation was be submitted by (DATE). As of this date, we have not received documentation from your facility. Please submit documentation **within 15 days from the date of this letter**, by mail or fax to:

Iowa Medicaid Enterprise
Medical Services - Hospital Utilization Review Team
PO Box 36478
Des Moines, IA 50315
FAX: (515) 725-1355

For questions related to the desk review process, please contact the Medical Services Unit at 1-800-383-1173, extension 3053, or locally at 515-974-3053.

42 CFR 456.500(a)(b)(c) and 456.501(a)(b) prescribes conditions for the availability of FFP as it relates to UR plans.

Review Findings Letter

«date»

«FacName»
Utilization Review
«Address»
«City», IA «Zip»

Dear Hospital Provider:

Iowa Medicaid Enterprise (IME) Medical Services staff completed a Utilization Control Desk Review for your facility utilizing documentation that you submitted in accordance with CFR 42, Part 456, Subpart C.

Summarized results of this desk review are displayed below. The tool that was utilized during this review is also attached which includes the overall results and comments for each category.

Part A- Certification of need for care:	Subtotal Score:«AST»	Possible Score:«ATP»
Part B- Plan of care:	Subtotal Score:«BST»	Possible Score:«BTP»
Part C- UR plan - administrative requirements:	Subtotal Score:«CST»	Possible Score:«CTP»
Part D- UR plan - informational requirements:	Subtotal Score:«DST»	Possible Score:«DTP»
Part E- UR plan - admission review:	Subtotal Score:«EST»	Possible Score:«ETP»
Part F- UR plan - continued stay review:	Subtotal Score:«FST»	Possible Score:«FTP»
Part G- UR plan - medical care evaluation studies:	Subtotal Score:«GST»	Possible Score:«GTP»
	Overall Score:«TotalScore»	Possible Score:«OTP»

Please review the attached tool for specific comments. Comments regarding documentation requiring attention prior to the next review will be outlined in this area. Your facility will be notified of the upcoming triennial review when it is scheduled.

Thank you for your assistance in submitting documentation for this review. For questions, you may contact the Medical Services Hospital Utilization Review Team at 1-800-383-1173, or locally at (515) 974-3053.

Iowa Medicaid Enterprise
Medical Services Unit
Hospital Utilization Review Team

Hospital Utilization Control Program

Purpose: Evaluation of hospital utilization control program
Reference: 42 CFR 456 Subpart C: Utilization Control: Hospitals
Source: Hospital Utilization Review Plan, Utilization Review Policies and Procedures, Utilization Review Committee Meeting Minutes, Medical Care Evaluation Studies

ProvID: «FacID» Desk Review Date «ReviewDate»

Name: «FacName»

Address: «Address»

City «City» ZIP: «Zip»

A. Certification of need for care		
Component		Outcome
1)	Physician, physician assistant (PA), or nurse practitioner (NP) order at time of admission or upon application *42 CFR 456.60(a)*	«A1»
2)	Physician, PA, or NP recertification at least every 60 days *42 CFR 456.60(b)*	«A2»
	Subtotal Section A (4 total possible)	**«AST»**
B. Plan of care - 42 CFR 456.80		
Component		Outcome
1)	Diagnoses, symptoms, complaints, and complications indicating need for admission. *42 CFR 456.80(a)(b)(1)*	«B1»
2)	Functional level of care *42 CFR 456.80(a)(b)(2)*	«B2»
3)	Medications *42 CFR 456.80(a)(b)(3)(i)*	«B3»
4)	Treatments *42 CFR 456.80(a)(b)(3)(ii)*	«B4»
5)	Restorative and rehabilitative services *42 CFR 456.80(a)(b)(3)(iii)*	«B5»
6)	Activities *42 CFR 456.80(a)(b)(3)(iv)*	«B6»
7)	Social services *42 CFR 456.80(a)(b)(3)(v)*	«B7»
8)	Diet *42 CFR 456.80(a)(b)(3)(vi)*	«B8»
9)	Continuing care plans *42 CFR 456.80(a)(b)(4)*	«B9»
10)	Discharge plans *42 CFR 456.80(a)(b)(5)*	
	a. Orders and activities developed in accordance with physicians instructions *42 CFR 456.80(c)*	«B10a»
	b. Orders and activities reviewed and revised by appropriate personnel *42 CFR 456.80(d)*	«B10b»
	c. Physician and appropriate personnel review plan of care at least every 60 days *42 CFR 456.80(e)*	«B10c»
	Subtotal Section B (24 total possible)	**«BST»**

FacID: «FacID»
Outcome: Fully Met - 2; Partially Met - 1; Not Met - 0; n/a - not applicable

C. Utilization review plan – administrative requirements		
Component		Outcome
1)	Policies to describe URC organization; (one of three choices) *42 CFR 456.105(a)(b)(c)*	«C1»
	«C1a»	
	*cannot include any individual directly responsible for the care of the patient being reviewed or have a financial interest in any hospital. *42 CFR 456.106(d)(1)(2)*	
2)	Policy to determine composition of URC; two or more physicians and assisted by other professional personnel *42 CFR 456.105(b)*	«C2»
3)	Policy to determine functions of URC *42 CFR 456.105(b)*	«C3»
4)	Policy to determine frequency of URC meetings. *42 CFR 456.105(c)*	«C4»
5)	Policy to describe types of records kept by the URC *42 CFR 456.112(a)*	«C5»
6)	UR plan must describe the type, frequency, and distribution of URC reports. *42 CFR 456.112(b)*	«C6»
	Subtotal Section C (12 total possible)	**«CST»**

D. Utilization review plan – informational requirements		
Component		Outcome
1)	Medical record requirements *42 CFR 456.111*	
	a. Identification of the member *42 CFR 456.111(a)*	«D1a»
	b. Name of physician *42 CFR 456.111(b)*	«D1b»
	c. Date of admission *42 CFR 456.111(c)*	«D1c»
	d. Plan of care *42 CFR 456.111(d)*	«D1d»
	e. Initial and subsequent continued stay review dates *42 CFR 456.111(e)*	«D1e»
	f. Date of operating room reservation (if applicable) *42 CFR 456.111(f)*	«D1f»
	g. Justification of emergency room admission (if applicable) *42 CFR 456.111(g)*	«D1g»
	h. Reasons and plan for continued stay *42 CFR 456.111(h)*	«D1h»
2)	Confidentiality policies and procedures maintain that individual members are not identified in UR reports *42 CFR 456.113*	«D2»
	Subtotal Section D (18 total possible)	**«DST»**

FacID: «FacID»
Outcome: Fully Met - 2; Partially Met - 1; Not Met - 0; n/a - not applicable -2-

E. Utilization review plan – admission review		
Component		Outcome
1)	Policy for admission review, utilizing written medical care criteria approved by the URC *42 CFR 456.101, 42 CFR 456.121*	«E1»
2)	URC develops extensive written criteria for the following types of cases: *42 CFR 456.122(b)*	
	a. High cost *42 CFR 456.122(b)(1)*	«E2a»
	b. Frequent furnishing of excessive services *42 CFR 456.122(b)(2)*	«E2b»
	c. Physicians whose patterns of care are frequently found to be questionable *42 CFR 456.122(b)(3)*	«E2c»
3)	UR plan must provide that admission review is conducted by: *42 CFR 456.123(a)*	«E3»
	«E3a»	
4)	If admission meets criteria, continued review date is assigned. If criteria not met, at least one physician must review for final determination. *42 CFR 456.123(c)*	«E4»
5)	If admission criteria is not met, policies exist to allow: *42 CFR 456.123(d)-(g)*	
	a. Attending physician is given opportunity to present views	«E5a»
	b. Decision of committee/sub-group is final if not challenged	«E5b»
	c. At least two physicians consider challenged decisions.	«E5c»
6)	Written notification of adverse decisions are sent to: hospital administrator, attending physician, Medicaid agency, and member or representative/guardian. *42 CFR 456.124(a)-(e)*	
	a. hospital administrator	«E6a»
	b. attending physician	«E6b»
	c. Medicaid agency	«E6c»
	d. and member or representative/guardian	«E6d»
7)	Admission review must be conducted within one working day after admission, or within one day after application for Medicaid. *42 CFR 456.125(a)(b)*	«E7»
8)	Notice of adverse determination must be made within two working days of admission, or within two days after application for Medicaid. *42 CFR 456.126(a)(b)*	«E8»
9)	UR Plan must provide for preadmission review and final decision for certain providers or categories of admissions. *42 CFR 456.127*	«E9»
	Subtotal Section E (32 total possible)	**«EST»**

FacID: «FacID»
Outcome: Fully Met - 2; Partially Met - 1; Not Met - 0; n/a - not applicable -3-

F. Utilization review plan – continued stay review		
Component		Outcome
1)	Initial continued stay review date is based on:	
	a. Methods and criteria required *42 CFR 456.128(b)(1)*	«F1a»
	b. Member condition *42 CFR 456.128(b)(2)*	«F1b»
	c. Projected discharge date *42 CFR 456.128(b)(3)*	«F1c»
	d. Uses any appropriate regional medical care appraisal norms (based on current and statistically valid data) *42 CFR 456.128(c)(1)(2)*	«F1d»
	e. If norms are utilized, the number of days between the members admission and CSR date is no greater than the number of days reflected in the 50th percentile of the norms. *42 CFR 456.128(c)(3)*	«F1e»
2)	The initial and subsequent continued stay review dates are recorded in the members record. *42 CFR 456.128(d)*	«F2»
3)	The UR Plan must describe:	
	a. The criteria used to assign initial CSR dates *42 CFR 456.129(a)*	«F3a»
	b. The methods used to select categories of admission to receive ongoing professional scrutiny. *42 CFR 456.129(b)*	«F3b»
	c. The methods utilized to modify an approved length of stay when the members condition or treatment changes. *42 CFR 456.129(c)*	«F3c»
4)	UR plan must provide that continued stay review is conducted by:	«F4»
	«F4a»	
5)	The entity reviews members continued stay on or before expiration of assigned CSR date. *42 CFR 456.135(b)*	«F5»
6)	The entity reviews and evaluates:	
	a. Identification of the member	«F6a»
	b. Name of physician	«F6b»
	c. Date of admission	«F6c»
	d. Plan of care	«F6d»
	e. Initial and subsequent continued stay review dates	«F6e»
	f. Date of operating room reservation (if applicable)	«F6f»
	g. Justification of emergency room admission (if applicable)	«F6g»
	h. Reasons and plan for continued stay	«F6h»
7)	If continued stay criteria is not met, policies exist to allow: *42 CFR 456.135(f)-(h)*	
	a. Attending physician is given opportunity to present views	«F7a»
	b. Decision of committee/sub-group is final if not challenged	«F7b»
	c. At least two physicians consider challenged decisions	«F7c»

FacID: «FacID»
Outcome: Fully Met - 2; Partially Met - 1; Not Met - 0; n/a - not applicable -4-

F. Utilization review plan – continued stay review (continued)		
Component		Outcome
8)	Written notification of adverse decisions are sent to: *42 CFR 456.136(a)-(e)*	
	e. hospital administrator	«F8a»
	f. attending physician	«F8b»
	g. Medicaid agency	«F8c»
	h. and member or representative/guardian	«F8d»
9)	Continued stay review must be conducted within two working days after the assigned CSR date. *42 CFR 456.137(a)*	«F9»
10)	Notice of adverse determination must be made within two working days of assigned CSR date. *42 CFR 456.137(b)*	«F10»
	Subtotal Section F (56 total possible)	**«FST»**

G. Utilization review plan - medical care evaluation studies		
Component		Outcome
1)	The UR Plan must include studies that promote the most effective and efficient use of available health facilities and services. The UR Plan must provide: *42 CFR 456.141(a)(b)*	
	a. Methodology for selection *42 CFR 456.142(a)(b)(1)*	«G1a»
	b. Data used to perform studies (medical records, hospital data, external organizations that compile statistics, design profiles, and produce other comparative data, cooperative endeavors with QIOs, fiscal agents, service providers, or other appropriate agencies) *42 CFR 456.144*	«G1b»
	c. Analysis of patterns of care (admissions, durations of stay, ancillary services, professional services), *42 CFR 456.143(a)(b)*	«G1c»
	d. Analysis of findings, *42 CFR 456.142(b)(3)*	«G1d»
	e. Plans for corrective action (corrects or investigates deficiencies or problems in the review process for either admission or continued stay; recommends more effective and efficient hospital procedures, may designate certain providers or categories of service prior to admission) *42 CFR 456.142(b)(4)*	«G1e»
	f. Number of studies required (must have one study in progress at any time, and complete one study each calendar year) *42 CFR 456.145*	«G1f»
	Subtotal Section G (12 total possible)	«GST»

Subtotal Section A	Subtotal Section B	Subtotal Section C	Subtotal Section D	Subtotal Section E	Subtotal Section F	Subtotal Section G
«AST» / 4	«BST» / 24	«CST» / 12	«DST» / 18	«EST» / 32	«FST» / 56	«GST» / 12
Overall Total: «TotalScore» / 158						

FacID: «FacID»
Outcome: Fully Met - 2; Partially Met - 1; Not Met - 0; n/a - not applicable

General Comments:
«Comments»

Corrective Action:
«CAP comments»

FacID: «FacID»
Outcome: Fully Met - 2; Partially Met - 1; Not Met - 0; n/a - not applicable -6-

Forms/Reports:
N/A

RFP Reference:
N/A

Interfaces:
N/A

Attachments:
N/A

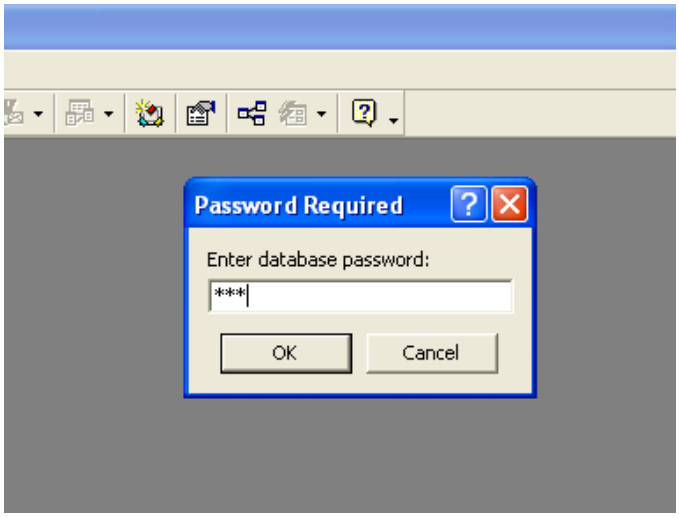
MED - Utilization Control Desk Review for Critical Access Hospitals and Acute Care Hospitals Data Entry

Purpose: To data enter documentation on review findings.

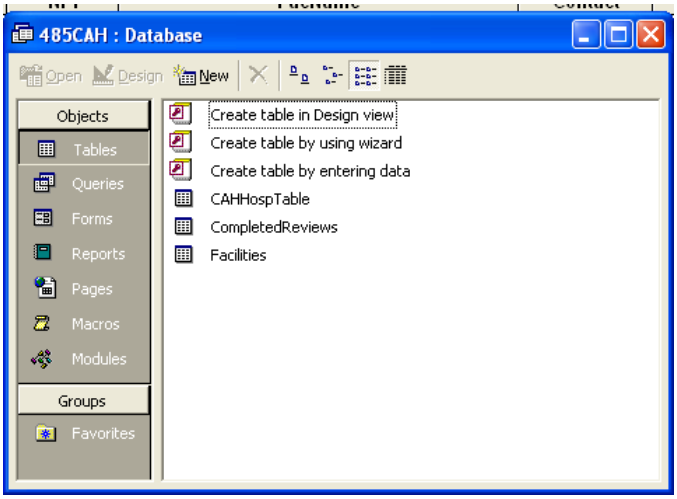
Identification of Roles:
Program Specialist – Data entry of review results of all Iowa CAH and acute hospital desk reviews.

Performance Standards:
N/A

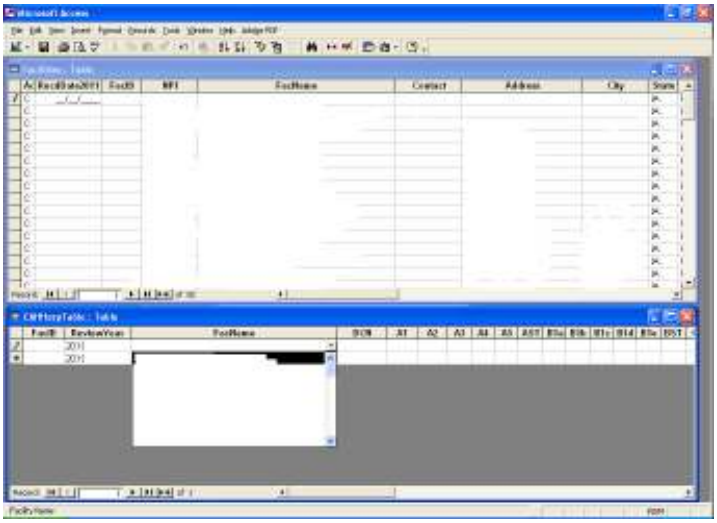
Path of Business Procedure:
Step 1: The program specialist will data enter the date documentation is received into the CAH database.
Step 2: Data entry of the subsequent review will also be entered into the database.
Step 3: Letters outlining review activities as well as review results will be processed from this database. Reports to DHS will be generated from the data entered.
Step 4: Program specialist will open the appropriate database utilizing the assigned password.



Step 5: Open both the Facilities and CAHHospTable



Step 6: Enter the date documentation was received in the RecdDate#### column on the Facilities Table.
Step 7: Enter the facility identification and choose the correct facility name from CAHHosp Table drop down.
Step 8: Enter the document control number (DCN) of the documentation received in the DCN column.

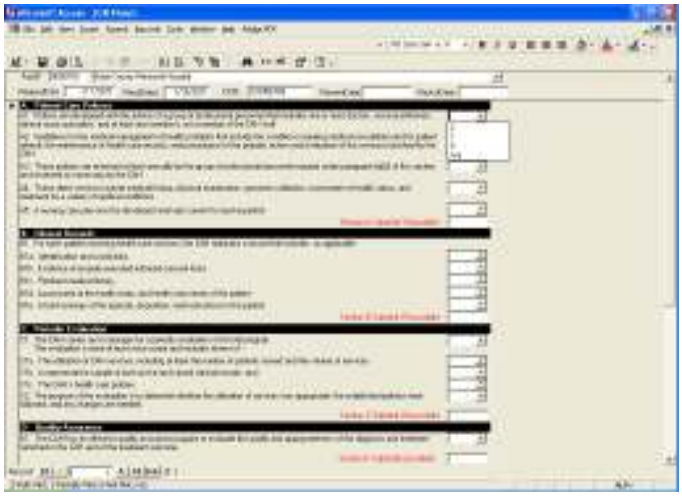


Step 9: Facilities that are entered into the CAHHospTable are available in the CAHForm Form. Data entry of review results is best achieved utilizing this form; however, results can be entered directly into the CAHHospTable if so desired.

Step 10: Utilizing the documentation submitted by the facility being reviewed, locate the corresponding documentation to each area/component to be reviewed. The scoring matrix for the review finding are:

a. Fully Met – 2
b. Partially Met – 1
c. Not Met – 0
d. Not Applicable – n/a

Step11: Type the score or choose from the dropdown available for each component.



Step 12: Subtotals will need to be manually entered, as well as the overall total (sum of each subtotal). Comments should be preceded with the component to which they are addressed. Corrective action notes should be entered in the appropriate area.
Step 13: Review findings are sent to the facility within three business days of the desk review date.
Step 14: The review letter query is set up to create review letters to all reviews that contain each of the following:

a. Request Date####
b. Received Date####
c. Review Date####
d. Score in component A1 and D1
e. Total Score

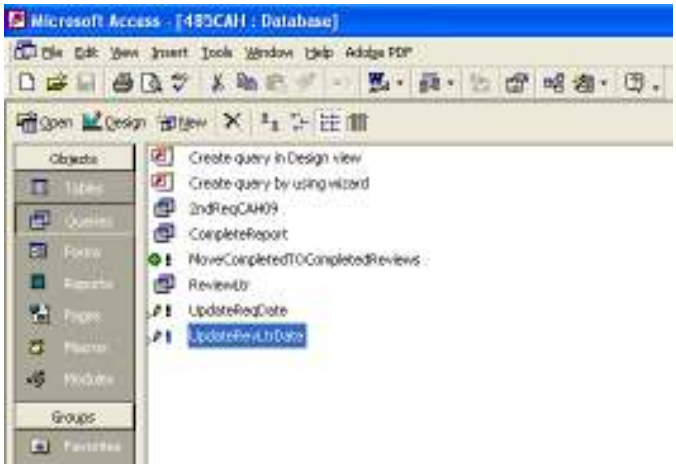
Step 15: The Review Letter Date must be blank.

Step 16: Open the CAHwksht-tomerge.doc document. Change the date on page one of the review letter to today's date.

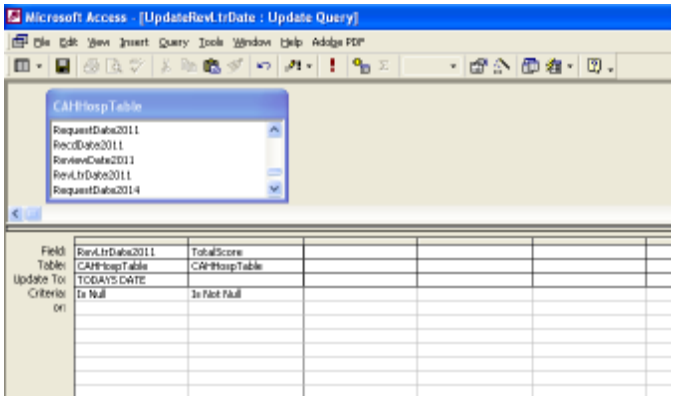
Step 17: Select Mailings
Step 18: Finish and Merge
Step 19: Edit Individual Documents

Step 20: Once merged, there will be three pages or more, depending on how many notes are written for each facility reviewed.
Step 21: Quick verification should yield proper scored and possible scores, page 1, component scores and subtotals, page 2 and 3, and overall scores and notes, page 3 and 4.
Step 22: Print the document and save in MedSrv:\HospitalReview\Database\CAH\Letters-Tools with today's date as document name.

Step 23: Mail out each letter to the appropriate facility.



Step 24: In the database, go to the Queries tab. HIGHLIGHT the UpdateRevLtrDate query and choose Design.
Step 25: Enter today's date in the Update To: RevLtrDate#### field. SAVE and RUN query.
Step 26: Once ran, this query will enter today's date in the RevLtrDate#### field



Step 27: Return to the Queries tab and select MoveCompletedTOCompletedReviews query.
Step 28: Double-click on this highlighted query all reviews that were just assigned a RevLtrDate will move from the current table to the CompletedReviews Table.

to the CompletedReviews table, delete the
ble. Highlight the CAUTION-
query.
e CompletedReviews table.

RFP Reference:
N/A

Interfaces:
N/A

Attachments:
N/A

MED - Utilization Control Desk Review for Critical Access Hospitals and Acute Care Hospitals Reports

Purpose: To meet performance standards and complete required reports as defined by the DHS.

Identification of Roles:

Program Specialist - Create standard comparison report using DHS identified categories. Submit report to senior director following complete review of all Iowa critical access hospitals and acute hospital.

Performance Standards:

N/A

Path of Business Procedure:

Step 1: The program specialist will create the comparison reports at the end of each review cycle. Comparisons to like facilities statewide will be included.

a. Comparisons to prior reviews will be included as requested by DHS policy staff.

Forms/Reports:

Sample Report from Baseline Review

Completed CAH Reviews — **ReviewYear:** 2009-Baseline

Facility	FacID	Review Date	Patient Care Policies Section A	Clinical Records Section B	Periodic Evaluation Section C	Quality Assurance Section D	Overall
		4/ 1/2009	10 / 10	10 / 10	8 / 10	2 / 2	30 / 32
		4/16/2009	10 / 10	10 / 10	10 / 10	2 / 2	32 / 32
		4/ 1/2009	10 / 10	8 / 10	10 / 10	2 / 2	30 / 32
		3/ 9/2009	10 / 10	10 / 10	10 / 10	2 / 2	32 / 32
		4/ 8/2009	10 / 10	10 / 10	10 / 10	2 / 2	32 / 32
		2/25/2009	10 / 10	10 / 10	10 / 10	2 / 2	32 / 32
		4/ 7/2009	5 / 10	0 / 10	10 / 10	2 / 2	17 / 32
		5/ 8/2009	10 / 10	10 / 10	10 / 10	2 / 2	32 / 32
		4/ 7/2009	10 / 10	8 / 10	10 / 10	2 / 2	30 / 32
		4/ 7/2009	10 / 10	10 / 10	10 / 10	2 / 2	32 / 32
		4/ 1/2009	10 / 10	10 / 10	10 / 10	2 / 2	32 / 32
		4/ 7/2009	10 / 10	10 / 10	10 / 10	2 / 2	32 / 32
		3/ 9/2009	10 / 10	10 / 10	10 / 10	2 / 2	32 / 32
		4/ 7/2009	10 / 10	10 / 10	10 / 10	2 / 2	32 / 32
		4/ 6/2009	10 / 10	10 / 10	6 / 10	2 / 2	28 / 32
		4/ 7/2009	10 / 10	10 / 10	10 / 10	2 / 2	32 / 32
		4/ 6/2009	9 / 10	7 / 10	10 / 10	2 / 2	28 / 32
		4/ 7/2009	10 / 10	10 / 10	10 / 10	2 / 2	32 / 32
		4/ 7/2009	10 / 10	10 / 10	2 / 10	2 / 2	24 / 32
		4/ 6/2009	10 / 10	9 / 10	10 / 10	2 / 2	31 / 32
		4/ 6/2009	10 / 10	10 / 10	10 / 10	2 / 2	32 / 32
		4/ 7/2009	4 / 10	0 / 10	10 / 10	2 / 2	16 / 32
		4/ 1/2009	10 / 10	10 / 10	10 / 10	2 / 2	32 / 32
		2/18/2009	10 / 10	10 / 10	10 / 10	2 / 2	32 / 32
		3/ 2/2009	10 / 10	10 / 10	10 / 10	2 / 2	32 / 32
		7/ 9/2009	9 / 10	10 / 10	10 / 10	2 / 2	31 / 32
		5/27/2009	10 / 10	10 / 10	10 / 10	2 / 2	32 / 32
		4/ 6/2009	10 / 10	8 / 10	10 / 10	2 / 2	30 / 32

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Sample Report from Baseline Review

Completed Acute Reviews **ReviewYear:** 2009-Baseline

Facility	FacID	Review Date	Care Certifications Section A	Plan of Care Section B	Admin. UR Plan Section C	Information UR Plan Section D	Admission UR Plan Section E	CSR UR Plan Section F	Medical Care Studies Section G	Overall
		6/ 4/2009	0 / 4	0 / 24	6 / 12	0 / 18	6 / 32	10 / 56	0 / 12	22 / 158
		4/10/2009	2 / 4	10 / 24	12 / 12	2 / 18	26 / 32	32 / 56	8 / 12	92 / 158
		6/ 4/2009	2 / 4	24 / 24	8 / 12	4 / 18	26 / 32	33 / 56	0 / 12	97 / 158
		6/ 4/2009	2 / 4	22 / 24	11 / 12	12 / 18	16 / 32	6 / 56	0 / 12	69 / 158
		3/31/2009	4 / 4	24 / 24	12 / 12	18 / 18	32 / 32	56 / 56	12 / 12	158 / 158
		6/ 4/2009	2 / 4	0 / 24	10 / 12	14 / 18	12 / 32	32 / 56	2 / 12	72 / 158
		4/ 6/2009	4 / 4	24 / 24	8 / 12	14 / 18	28 / 32	44 / 56	0 / 12	122 / 158
		6/ 4/2009	4 / 4	24 / 24	12 / 12	6 / 18	30 / 32	42 / 56	10 / 12	128 / 158
		6/ 4/2009	2 / 4	24 / 24	4 / 12	2 / 18	24 / 32	34 / 56	0 / 12	90 / 158
		4/16/2009	2 / 4	24 / 24	4 / 12	2 / 18	24 / 32	34 / 56	0 / 12	90 / 158
		4/10/2009	2 / 4	12 / 24	9 / 12	14 / 18	16 / 32	32 / 56	0 / 12	85 / 158
		3/31/2009	4 / 4	24 / 24	12 / 12	16 / 18	29 / 32	46 / 56	10 / 12	141 / 158
		4/ 6/2009	4 / 4	24 / 24	12 / 12	18 / 18	32 / 32	56 / 56	2 / 12	158 / 158
		3/23/2009	0 / 4	0 / 24	10 / 12	2 / 18	24 / 32	21 / 56	7 / 12	64 / 158
		4/10/2009	4 / 4	22 / 24	8 / 12	2 / 18	12 / 32	14 / 56	7 / 12	69 / 158
		4/10/2009	4 / 4	18 / 24	10 / 12	18 / 18	30 / 32	46 / 56	12 / 12	138 / 158
		4/16/2009	2 / 4	8 / 24	12 / 12	12 / 18	26 / 32	32 / 56	24 / 12	104 / 158
		4/16/2009	0 / 4	0 / 24	12 / 12	2 / 18	17 / 32	7 / 56	8 / 12	46 / 158
		6/ 4/2009	2 / 4	24 / 24	12 / 12	10 / 18	26 / 32	34 / 56	12 / 12	120 / 158
		3/31/2009	4 / 4	18 / 24	12 / 12	2 / 18	12 / 32	16 / 56	8 / 12	72 / 158
		6/ 4/2009	0 / 4	12 / 24	12 / 12	12 / 18	26 / 32	34 / 56	12 / 12	108 / 158
		6/ 4/2009	2 / 4	24 / 24	4 / 12	2 / 18	24 / 32	18 / 56	0 / 12	74 / 158
		3/31/2009	2 / 4	18 / 24	10 / 12	4 / 18	16 / 32	18 / 56	0 / 12	68 / 158
		6/ 4/2009	2 / 4	22 / 24	11 / 12	12 / 18	16 / 32	6 / 56	0 / 12	69 / 158
		3/23/2009	4 / 4	12 / 24	6 / 12	2 / 18	17 / 32	11 / 56	10 / 12	62 / 158
		3/31/2009	0 / 4	6 / 24	10 / 12	0 / 18	14 / 32	14 / 56	10 / 12	54 / 158
		4/16/2009	4 / 4	24 / 24	10 / 12	16 / 18	30 / 32	34 / 56	10 / 12	128 / 158
		4/10/2009	0 / 4	16 / 24	8 / 12	8 / 18	20 / 32	24 / 56	2 / 12	78 / 158
		4/16/2009	2 / 4	18 / 24	8 / 12	2 / 18	22 / 32	22 / 56	0 / 12	74 / 158
		3/31/2009	1 / 4	0 / 24	7 / 12	2 / 18	13 / 32	12 / 56	6 / 12	41 / 158
		3/31/2009	2 / 4	22 / 24	9 / 12	4 / 18	10 / 32	18 / 56	0 / 12	65 / 158
		4/16/2009	2 / 4	20 / 24	8 / 12	8 / 18	26 / 32	24 / 56	10 / 12	98 / 158
		3/23/2009	2 / 4	22 / 24	12 / 12	12 / 18	0 / 32	2 / 56	10 / 12	60 / 158
		4/16/2009	2 / 4	24 / 24	12 / 12	14 / 18	32 / 32	48 / 56	0 / 12	132 / 158

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RFP Reference:
N/A

Interfaces:
N/A

Attachments:
N/A

MED - Utilization Control Desk Review for Critical Access Hospitals and Acute Care Hospitals Disruption of Business Plan

Purpose: To provide procedures for the continuation of business in the event of inability to utilize electronic programming.

Identification of Roles:
Program Specialist – complete review utilizing paper form. Primary responsibility for data entry of review results when electronic programming is reestablished.

Senior Director – complete review utilizing paper form. Responsible for transferring hard copy review notes to program specialist for data entry when electronic programming is reestablished.

Performance Standards:
N/A

Path of Business Procedure:
Step 1: The program specialist will create an electronic backup of the existing databases on a daily basis.

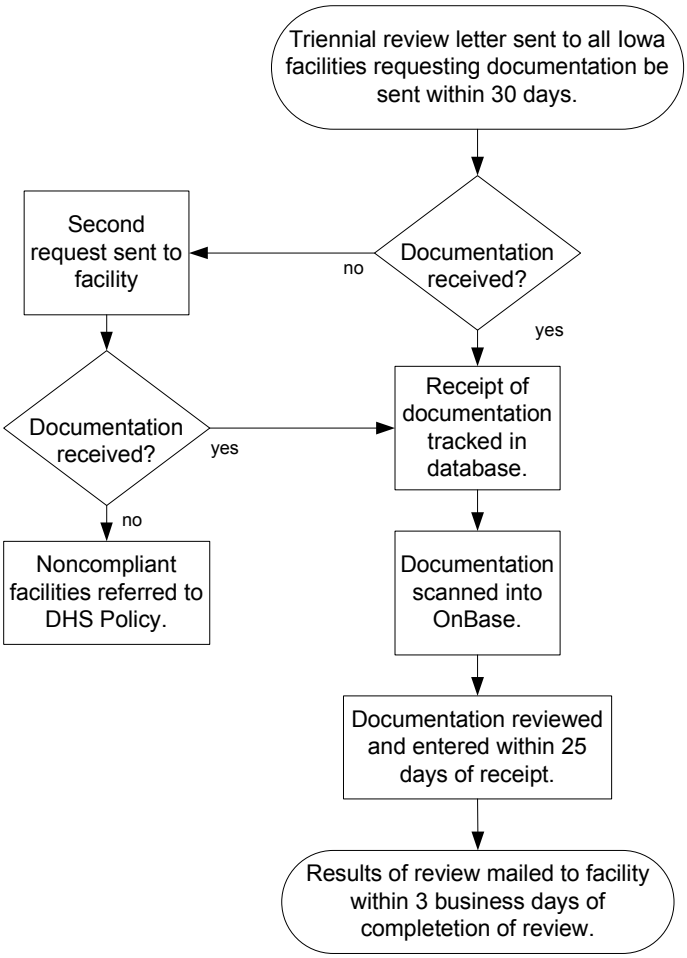
a. If electronic ability is compromised due to lack of power or natural disaster, paper tools will be utilized to conduct review.
b. If the existing database is destroyed, the daily backup will be utilized.

RFP Reference:
N/A

Interfaces:
N/A

Attachment A:

Triennial 456 Hospital Desk Review



Acute hospitals - CFR 42, Part 456, Subpart C
CAH - CFR 42 Part 485, Subpart F, Sections 185.635 - 485.641